

SERVICE REQUEST

(In lieu of form 902)

DATE:

To: Dept. of General Services
2135 Civic Center Drive, Room 10
Redding, Ca. 96001
Phone(530)225-2175 Fax(530)225-2227

| | |
|--------------|---------|
| FOR DGS USE: | |
| WORK ORDER # | ISSUED: |

Agency Requesting Service:

Department:

Division:

Location: Floor #

Door #:

Cubicle:

BILLING CODE:

The following people are authorized to request services for this Division:

REQUESTOR (S) Please provide contact information for notification of work states

| | | |
|------------|--------|---------|
| NAME: | PHONE: | E-MAIL: |
| SIGNATURE: | TITLE: | |
| NAME: | PHONE: | E-MAIL: |
| SIGNATURE: | TITLE: | |

Who should be contacted regarding this work?

JOB CONTACT (S)

| | | |
|-------|--------|---------|
| NAME: | PHONE: | E-MAIL: |
| | FAX: | |
| NAME: | PHONE: | E-MAIL: |

SERVICE (S) REQUESTED

| | |
|---------------------------------|-----------------------------|
| Problem or Service Need: | Specific Location(s) |
| DGS COMMENTS: | |